

<b>WAIVER OF DISQUALIFICATION FOR REENLISTMENT/PROMOTION IN THE REGULAR ARMY</b> For use of this form see AR 601-280; the proponent agency is DCSPER										DATE	
										<b>DISQUALIFICATION</b>	
										PARAGRAPH	
TO: <i>(Include ZIP Code)</i>					FROM: <i>(Include ZIP Code)</i>					TYPE	
1. RANK/NAME <i>(Last, First, Middle)</i>										2. SSN	
3. PHYSICAL STATUS	P	U	L	H	E	S	CODE	DATE OF PHYSICAL	DATE OF PROFILE	4. HT.	5. WT.
BRIEF SUMMARY OF ASSIGNMENT LIMITATIONS										6. SOT DATA	
										PMOS	
										SCORE	
										DATE	
<b>7. TIME LOST DURING CURRENT SERVICE</b>											
DATES <i>(From/To)</i>			NO. OF DAYS			REASON					
<b>8. COURTS-MARTIAL DURING CURRENT TERM OF SERVICE</b>											
TYPE		OFFENSE				DATE OF CONVICTION			SENTENCE		
<b>9. ARTICLE 15 DURING CURRENT TERM OF SERVICE</b>											
ARTICLE/TYPE		OFFENSE				DATE OF CONVICTION			SENTENCE		
<b>10. LETTER(S) OF INDEBTEDNESS</b>											
CREDITOR			AMOUNT			DATE OF LETTER			DISPOSITION		
11. RECOMMENDATION OF COMMANDING OFFICER WITH REASONS AND JUSTIFICATIONS <i>(USE CONTINUATION SHEET PER AR 340-15, IF REQUIRED)</i>											
12. LIST OF ENCLOSURES <i>(Double column, if necessary)</i>											
13. TYPED NAME, RANK AND BRANCH OF COMMANDER								SIGNATURE			